

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER	<i>R</i>	10029	7/24/xx
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date				
Final	2	8	1	8	10/21/xx
Original	7	11	24	14	10/26/xx
	03	03	03	24	10/30/xx
	=	=	=	=	=
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32	✓	=	=	=	=
33	✓	✓	✓	✓	✓
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39		A			
40		0			
41		A			
42					
43					
44					
45	✓	✓	✓	✓	✓
46	=	=	=	=	=
47					
48					
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If more than 150 claims or 10 actions  
staple additional sheet here

BEST AVAILABLE COPY

Claim	Date				
Final	51				
Original	52				
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Claim	Date				
Final	110				
Original	112				
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